MEMBERS ALLOWANCE CLAIM FORM

WYCHAVON DISTRICT COUNCIL
good services, good value

For the Month of ...February... 20..13

Name ...GRAHAM BEALE...

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
12/2	Overview & Scrutiny Comm.	Pershore	Droitwich 1730	Droitwich 1915	26	
19/2	Full Council Meeting	Pershore ~~1730~~	Droitwich 1730	Droitwich 2030	26	
28/2	Planning Committee	Pershore	Droitwich 0930	Droitwich 1000	26	
					78	£

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF